

signs and demographic variables associated with the disorder.

**Methods:** In a descriptive study with ex-post-facto design, one hundred patients admitted to outpatient orthopedic clinic in Imam-Reza Hospital (Mashhad, IRAN) who had the study criteria were included. Upon admission, demographic information, pain intensity, pulse rate, blood pressure were assessed and General Health Questionnaire-28 was filled. Then symptoms of PTSD were evaluated after one and three months follow up based on DSM-IV criteria. Finally the initial data from the patients developing PTSD after one and three months were compared with those without the disease.

**Results:** After one month, 5 patients (8.3%) and after three months 6 patients (12.8%) had complete PTSD criteria and 10 patients (16.7%) after one month and 6 patients (12.8%) after three months developed subsyndromal PTSD. Presence of high pulse rate ( $P=0.000$ ), high intensity of the tolerated pain ( $p=0.000$ ), more somatization symptoms ( $p=0.041$ ) and more anxiety symptoms ( $p=0.039$ ) predicted the development of PTSD after one month and presence of high pulse rate ( $P=0.000$ ), high intensity of the tolerated pain ( $P=0.000$ ), high maximum blood pressure ( $P=0.047$ ), more somatization symptoms ( $P=0.019$ ) and more anxiety symptoms ( $P=0.024$ ) predicted the development of PTSD after three months.

**Conclusion:** High Blood Pressure, pulse rate and pain as well as more anxiety and somatization symptoms upon experience of trauma may increase rate of PTSD in sever orthopedic patients.

## P0072

Study on suicidality in veterans of Iraq-Iran war suffering from chronic PTSD

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**Introduction:** The Iraq-Iran war lasted for 8 years and ended approximately 20 years ago. It left many physically and mentally injured individuals. Many of these veteran have been suffering from chronic post-traumatic stress disorder (PTSD). We observed a percentage of them, suddenly died which could be attributed to self over-medicated. In this research we evaluate tendency to suicide in them.

**Material & Method:** One hundred and four patients with chronic PTSD who referred to Beheshti psychiatric hospital in Kerman/Iran were included in the study. Subjects should met DSM-IV criteria for PTSD. After collecting demographic data, the risk of suicide was evaluated with California risk estimator for suicide. History of opium dependence and one to one fight were obtained from patients.

**Results:** The mean $\pm$ SD of age was  $39.90\pm 4.33$  years and the mean duration of disease was  $18.31\pm 1.99$  years.. Severity of suicide based on California test showed 15.4% had high and 63.5% and very high tendency to suicide. History of substance dependence ( $t=6.58$ ,  $P<0.0001$ ) and history of one to one fight ( $t=2.9111$ ,  $P<0.01$ ) were two factors which are contributed to high suicidal tendency.

**Conclusion:** Veterans with chronic PTSD are patients who are at risk for many consequent problems. One of these is suicidal tendency. Suicide is a matter which was not paid sufficient attention. Veterans who had specific problem such as drug dependence and whom which were involved in one to one fight are more at risk of suicide.

## P0073

Panic attacks and the homeostatic alarm system

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Several experimental evidences support the existence of a panic respiration connection, however only recent studies, investigating the complexity of respiratory physiology, revealed consistent irregularities in respiratory pattern and suggest that these abnormalities might be a trait marker of the panic disease. The high irregularity observed, together with the unpleasant respiratory sensations in patients with PD, could be the result of the activation of a suffocation false alarm. Basic physiological functions in the organism are strictly inter-related in a global network with reciprocal modulations and, since also abnormalities in cardiac and balance system function have been described in patients with panic disorder, perturbations of these other basic systems or a more general dysfunction of our homeostatic brain might explain respiratory findings (Perna et al 2004). A recent brain imaging study reported an increase in brainstem volume in patients with panic disorder (Protopescu et al 2006). Regulatory physiologic processes take place continuously beyond the consciousness and only occasionally they pervade the conscious awareness as "primal emotions". Panic attacks could be the expression of primal emotion arising from phylogenetically ancient brain circuits processing physiological perceptions/sensations linked to homeostatic functions.

Protopescu X, Pan H, Tuescher O, Cloitre M, Goldstein M, Engeli A, Yang Y, Gorman J, LeDoux J, Stern E, Silbersweig D. Increased brainstem volume in panic disorder: a voxel-based morphometric study. *Neuroreport*, 20;17:361-3, 2006

Perna G, Caldirola D, Bellodi L: Panic Disorder: from respiration to the homeostatic brain. *Acta Neuropsychiatrica*, 16: 57-67, 2004

## P0074

Effect of yoga on depression and anxiety of women referred to yoga clinic

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**Background and Aims:** Yoga has been considered a stress decreasing method in treatment of depression and anxiety disorders whose prevalence is unfortunately increasing gradually. The goal of this study is to evaluate the influence of yoga on depression and anxiety in women referred to yoga clinic.

**Methods:** This is a clinical trial study on all persons who were referred to a yoga clinic for women, from July 2006 to July 2007. All new cases were evaluated on admission using a personal information questionnaire, Beck and Spielberger tests, and then divided into two groups of case and control randomly. The case group ( $n=34$ ) participated in two weekly yoga classes of 90 min duration for two months. The control group ( $n=31$ ) were assigned to a waiting list. Both groups were evaluated again after two months.

**Results:** The average prevalence of depression in the case group before and after yoga course was  $12.82 \pm 7.9$  and  $10.79 \pm 6.04$  respectively, a statistically significant decrease ( $p=0.13$ ).

However, compared with the control group, the women who participated in yoga classes showed a significant decrease in state anxiety ( $p=0.03$ ) and trait anxiety ( $p<0.001$ ).

**Conclusions:** Participation in a two month yoga class is very likely to lead to significant improvement in anxiety of women who suffer from anxiety disorders.

This study suggests that yoga can be considered as a complementary therapy or an alternative method for medical therapy in the treatment of anxiety disorders.

**Key words:** Yoga, Depression, Anxiety, Beck, Spielberger

## P0075

The effect of childhood/adolescence abuse and suicidal/self-mutilative behaviour on sexual functions in panic disorder

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**Introduction:** Presence of childhood abuse is considered a psychological factor in etiology of anxiety disorders. Our aim was to study the effects of childhood/adolescence abuse and suicidal/self-mutilative behaviour on sexual functions in patients diagnosed with panic disorder.

**Method:** Subjects were 81 patients treated for panic disorder at the psychiatric outpatient clinic of Sisli Etfal Research and Training Hospital, Istanbul, whose diagnoses were established using the SCID-I. Childhood Trauma Questionnaire and Arizona Sexual Experiences Scale (ASEX) were administered to the subjects. A score of 1 is the most favorable score in ASEX while a score of 6 is the least.

**Results:** 71.6% ( $n=58$ ) of the subjects were female, 28.4% ( $n=23$ ) of the subjects were male and the average age was  $35.8\pm 11.6$ . Those with history of childhood and adolescence violence/neglect [48% ( $n=39$ )] had sexual desire, stimulation, orgasm, orgasm satisfaction and ASEX total points; those with a history of sexual harassment/rape [9.9% ( $n=8$ )] had sexual arousal, orgasm and ASEX total points; and those with a history of attempted suicide/self mutilation [19.8% ( $n=18$ )] had sexual desire, orgasm and orgasm satisfaction points which differed to a statistically significant degree.

**Conclusion:** This study revealed that a history of abuse and suicide/self mutilation effects phases of sexual function in panic disorder. It is important to question sexual function in panic disorder and to question childhood abuse in those cases where there is sexual dysfunction. A history of attempted suicide and self mutilation adversely effects sexual functions in panic disorder.

## P0076

Assessing the ability of rater training to achieve good-to-excellent inter-rater reliability on the ham-a using kappa statistics

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**Background:** Clinical trials in psychiatry rely on subjective outcome measures, where poor inter-rater reliability can negatively impact signal detection and study results. One approach to this challenge is to limit the number of raters thereby decreasing expected variance. However, sample size requirements—even those based on high reliability—often necessitate many sites. The implementation of

comprehensive rater training combined with validated assessment of inter-rater reliability at study initiation and throughout the study is critical to ensure high inter-rater reliability. This study examined the effect of rater training and assessment to reduce inter-rater variance in clinical studies.

**Methods:** After rigorous training on the administration and scoring guidelines of the HAM-A, 286 raters independently reviewed and assessed a videotaped HAM-A interview of a GAD patient. Measures of inter-rater agreement across the pool of raters, as well as for each individual rater relative to all other raters were calculated using kappa statistics modified for situations where multiple raters assess a single subject.

**Results:** The overall level of inter-rater agreement was excellent ( $\kappa = .889$ ), with levels of inter-rater agreement of each individual rater relative to all other raters ranging from .514 to .930. Of the 286 raters participating, more than 97.2% (278) achieved inter-rater agreement  $> 0.8$ .

**Conclusion:** This study demonstrates that robust rater training can result in high levels of agreement between large numbers of site raters on both an overall and individual rater basis and highlights the potential benefit of excluding raters from study participation with inter-rater agreement below 0.8.

## P0077

Sexual dysfunction treated by using behaviour psychotherapy

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Fear, together with bad communication between partners, is the most important factor that can change our sexual behaviour and bring about unsuccessful sexual functioning. Today, the most famous and most popular programmes for treating sexual dysfunctions with sexual therapy is Masters and Johnson, and it has been in use since 1970. The basic principle is reestablishing communication between partners, both verbal and sexual, by means of education, information, stimulation with the process of systematic desensitization (progressive exposing the patient to more and more demanding sexual tasks).

Sexual behaviour, as well as any other behaviour, is the result of a complex learning system, according to the authors of Learning Theory. Psychosexual dysfunctions appear as the consequence of inadequate influence of psychological factors on one of the phases of sexual response. Frigidity, as a psychological dysfunction, can occur within the range of complete non-responsiveness to sexual stimulations and situations, to inability of achieving orgasm although the woman is sexually aroused. Dysfunction of sexual response can occur at the level of sexual desire, sexual excitement (impotence, frigidity), at the level of orgasm (anorgasm, retarded ejaculation).

Cognitive Behaviour Therapy

Master and Johnson Method

Overall improvement of sexual behaviour, and successful sexual functioning.

These methods enable a rapid treatment of psychosexual dysfunctions without medications, resulting in a high success rate.

## P0078

Kinetics of glutamate dehydrogenase activity in leukocytes of alcoholics

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